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State of Kansas . . . John Carlin, Governor

DEPARTMENT OF HEALTH AND ENVIRONMENT

Barbara J. Sabol, Secretary

Forbes Field
Topeka, Kansas 66620-0110
913-862-9360



May 12, 1986

Merlin Wellner, Service Manager
Dick Hatfield Chevrolet
603 W. 7th Street
Augusta, Kansas 67010

419822



RCRA RECORDS

Dear Mr. Wellner:

This is to acknowledge that you filed a Notification of Hazardous Waste Activity Form on April 1, 1986 for the facility located at the address shown below to comply with both state and federal regulations. The EPA Identification Number, type of hazardous waste activity and a description of hazardous waste are listed below. This number must be included on all shipping manifests for transporting hazardous waste; on all annual reports that generators of hazardous waste and owners of hazardous waste treatment, storage and disposal facilities must file with the state; on all applications for hazardous waste permits; and other correspondence related to your hazardous waste management activities.

EPA Identification Number: KSD054751664

Installation Address: 603 W. 7th Street
Augusta, Kansas 67010

Type of Hazardous Waste Activity: Generation

Description of Hazardous Waste: D001

Since the State of Kansas received authorization from EPA to conduct the state's generator and transporter hazardous waste program in lieu of the respective federal program, we are to be notified of any additions to and/or modifications of the information provided on your notification. All questions or assistance pertaining to the handling of hazardous waste should also be directed to this office. In order to assist you in the management of your hazardous waste(s), I am enclosing a copy of Bulletin 4.12, Hazardous Waste Generator's Handbook.

Sincerely yours,

John W. Mitchell
Hazardous Waste Section
Bureau of Waste Management

JWM:ah/23G

C Joan Patti
District Office - Wichita



STATE OF KANSAS
DEPARTMENT OF
HEALTH AND
ENVIRONMENT

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: COMPLETE ALL APPLICABLE INFORMATION BELOW.
PLEASE REFER TO THE INSTRUCTIONS ON THE BACK PAGE TO COM-
PLETE THIS FORM. MAIL COMPLETED FORM TO: KANSAS DEPART-
MENT OF HEALTH AND ENVIRONMENT, DIVISION OF ENVIRONMENT,
BUREAU OF WASTE MANAGEMENT, FORBES FIELD, TOPEKA, KS. 66620

FOR OFFICIAL USE ONLY

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
KS00054751664		8/10/86	

I. NAME OF INSTALLATION

DICK HATFIELD CHEVROLET

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	
3603 W 7TH STREET	
CITY OR TOWN	ST. ZIP CODE
AUGUSTA	KS 67010

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	
5603 W 7TH STREET	
CITY OR TOWN	ST. ZIP CODE
AUGUSTA	KS 67010
COUNTY	CUTLER

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
WELLNER, MERLIN - SERVICE MANAGER	316-725-5445

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER
DICK HATFIELD

VI. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F - FEDERAL M - NON-FEDERAL	M	A. GENERATION BURNER & RECYCLER C. TREAT/STORE/DISPOSE ON PREMISES	B. TRANSPORTATION (complete item VII) D. UNDERGROUND INJECTION
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VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input checked="" type="checkbox"/> E. OTHER (specify): waste oil burner (recycle) waste solvent/thinner (recycle)
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VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)
C. INSTALLATION'S EPA I.D. NO.	

IX. DESCRIPTION OF HAZARDOUS WASTES

1. waste oil and lubricants	}	TOTAL PER MONTH (1100 lbs)
2. solvent (NAPHTHA)		
3. PAINT THINNER (lacquers)		

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	SERVICE	DATE SIGNED
Merlin Wellner	MERLIN-WELLNER	MANAGER	3-27-86